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Bib Data Sheet

CONFIRMATION NO. 5865

|                             |                                   |              |                        |   |
|-----------------------------|-----------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/059,951 | FILING DATE<br>11/16/2001<br>RULE | CLASS<br>370 | GROUP ART UNIT<br>2661 | ATTORNEY DOCKET NO.<br>401010-A-01-US<br>(Crandall) |
|-----------------------------|-----------------------------------|--------------|------------------------|---|

**APPLICANTS**

Pamme Lynn Crandall, Louisville, CO;  
 Christopher Jason Donley, Longmont, CO;

\*\* CONTINUING DATA \*\*\*\*  
*None*

\*\* FOREIGN APPLICATIONS \*\*\*\*  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/25/2002

|                                 |   |          |                        |                     |                    |                         |
|---------------------------------|---|----------|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                   |          |                        |                     |                    |                         |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |          |                        |                     |                    |                         |
| Verified and Acknowledged       | Examiner's Signature  | Initials | STATE OR COUNTRY<br>CO | SHEETS DRAWING<br>3 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>4 |

**ADDRESS**

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**TITLE**

Wireless peripheral device for allowing an IP softphone to place calls to a public safety answering point

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>824 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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